

Starr Indemnity & Liability Co

NOTICE

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

PART A – This PART MUST be completed, dated and signed by an official or the Organization.			
1. Name of Organization (Policyholder) Southwest Officials Assoc., Inc. dba Texas Association of Sports Officials			
2. Policy No BAP-106166-1 effective 7/1/09			
3. Name of Organization or Team (if different from Policyholder) same			
4. Address of Organization (Street) 3737 Executive Center Dr., Suite 151		(City) Austin	(State) (Zip) TX 78731-1655
5. Name of Injured Person (Insured) (First) (Middle) (Last)			
6. Date of Accident/Injury Mo Day Year / /		7. Injury Occurred: Practice <input type="checkbox"/> Travel <input type="checkbox"/> Game <input type="checkbox"/> Other _____	
8. Type of Sport or Activity:			
9. Explain HOW the accident and injury occurred. NOTE: If your organization uses an Accident Report form, attach a copy of the Report.			
10. Describe the nature of injury.			
11. At the time of the accident, was the Injured Person involved in an activity under the jurisdiction of the Organization (Policyholder)? Yes <input type="checkbox"/> No <input type="checkbox"/>		12. Name of Supervisor of Activity TASO	13. Was he/she a witness to Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Signature of Organization Official X		15. Title of Official Admin. Assistant	16. Area Code/Telephone No. (512)345-9640
17. Date Signed			